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## IRREDUCIBLE OMENTAL HERNIA.

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[Communicated for the Boston Medical and Surgical Journal.]

I WAS called on Sunday, of last week, by my friend, Dr. Powers, to visit Mrs. B., of this village, aged 53, the mother of several children, who had been under his care for ten or twelve weeks, with what he considered visceral inflammation, occasionally shifting from one organ to another. We now, however, recognized the presence of strangulated hernia. On examination the patient presented a general unhealthy appearance; extreme sallowness and emaciation, with general tenderness, on pressure, over the whole abdomen. At the usual seat of femoral hernia, was a tumor presenting the appearances common to that disease. The history of the tumor, however, created some embarrassment; and it is on this account, chiefly, that I have thought the case worthy the notice of the readers of the Journal. The patient said "The swelling had been there two years. Sometimes as large as at present, generally less, but never wholly absent." It had never created any uneasiness, and was never suspected of being hernia. On the day preceding my visit, it had suddenly increased in size, and in the course of the day some of the symptoms of strangulated hernia made their appearance. The generally diseased condition of the patient, and especially the evidences of abdominal disease, made the prospect of an operation exceedingly unpromising. We were, however, constrained to say to the patient and her friends, that it offered her the only chance, as the tumor was manifestly irreducible by the taxis, after all the preparatory steps proper in her situation had been taken. On dividing the hernial sac, the omentum protruded, of a healthy appearance. Below this was a fold of intestine, three or four inches in length, of a dark color, but not darker than I have seen in cases that did well. After dilating the stricture, the intestine was readily returned. The omentum was returned with more difficulty, owing, as it afterwards appeared, to a strong adhesion to the peritoneum, at the neck of the sac. After the operation, the patient was somewhat faint and languid; continued to sink during the night, and died about 7 o'clock the next morning.

On examination of the body, six hours after death, the whole serous surface of the intestines was covered with the flush of intense recent inflammation. Most of the parietal peritoneum was in the same condi-

tion, whilst extensive suppuration and depositions of fibrine and adhesions of the convolutions, were the evidences of disease of a more chronic character. The portion of intestine which had been strangulated, was black; and a part of the omentum, firmly adherent to the neck of the hernial sac. The patient's life was probably not materially abridged by the occurrence of the hernia, or by the operation; as neither could have caused the appearances of abdominal disease.

The case derives its chief interest from the complication of permanent irreducible omental hernia, with recent and strangulated enterocele. In *this case* the diagnosis was not very difficult, although the medical men present were not altogether unanimous. But in some instances that have fallen within my observation, where an omental hernia, of some ten, or twenty, or thirty years' standing, has at length been complicated by the sliding down of a knuckle of intestine, and this becoming strangulated, without any sensible increase of the size of the tumor, the case has been exceedingly difficult to decide upon, especially as the symptoms—the *rational* signs of strangulation—are often extremely insidious. A valuable illustration of this latter fact occurred to me three or four days before the case I have now described. A woman of 40, in perfect health, and who had never experienced any of the symptoms of hernia, was attacked with vomiting. The symptoms, according to the account of her physician, Dr. Russ, of Pomfret, resembled those occasioned by the passage of a gall-stone, rather than those of strangulated hernia. Things remained in this condition 24 hours, when the doctor elicited the fact, that about the period of the commencement of the vomiting, the patient had perceived a tumor at the top of the thigh. On examination, he made this out to be a crural hernia, and after making such attempts for its reduction as he thought proper, called me in consultation. After carrying the trials at reduction by taxis as far as seemed warrantable, without success, I proceeded to the operation. And although the protruded intestine was very dark colored, yet its function was speedily restored; evacuations from the bowels occurred on the day subsequent to the operation; the wound healed by the first intention, and the patient's health is now wholly restored.

The frequent occurrence of strangulated hernia; the alarming rapidity of its course to a fatal termination, and the importance, both to the patient and the practitioner, of an early correct diagnosis, must be my apology for details which are sufficiently familiar to the experienced surgeon.

*Woodstock, Vt., August 10, 1839.*

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#### THE EFFECTS OF MENTAL EMOTIONS IN PRODUCING ASTHMA AND DYSPNŒA IN GENERAL.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE often been surprised at the great number of asthmatics to be met with among educated and public men. From my own observation

I am led to the conclusion, that far more than a just proportion of those who are afflicted with asthma and dyspnoea of all kinds, are to be found in those classes that get their livelihood by thinking, rather than by bodily labor; and who are subjected to the rack of thought, the anxieties of business, and the perplexities of scientific pursuits, more than to the inclemencies of the weather or the fatigues and hardships of corporeal labor. We have always been taught, that exposure to the vicissitudes of our climate, intemperance, malformations of the chest, hereditary predisposition, &c., were the causes of asthma. But when we meet with it as frequently among the strictly temperate, as among the intemperate, and as often among those that are not exposed to the weather and to corporeal fatigue, as among those who are, we must conclude that there are other causes as powerful, at least, in producing this disease, as those which are generally mentioned by authors on this subject. It is, therefore, from the foregoing considerations, that I have been led to the belief that the influence of mental emotions upon the functions of respiration have generally been too much overlooked.

The treatment of asthma has always been conducted on the *ne plus ultra* principles of empiricism. Hundreds have been the infallible remedies for this disease; but the most of them have been like the charms of the soothsayer, incapable of producing their wonderful effects except when administered by the hand of the inventors. One practitioner comes forward, and with bold assurance declares that the lancet is the *sine qua non* in this malady of "*ghastly spasm*;" whilst another "*veto*s" this practice, and tells you to let this instrument remain quietly deposited in its case. One boldly prescribes the warm bath; another says, "give us a little cold water." One extols opium as the "*sovereignest remedy in the world*;" another stands astonished at the absurdity of giving this drug in such a disease. You can scarcely meet with a wiseacre in the country, who cannot give you all but numberless undoubted remedies for the asthma. Tobacco, lobelia, sulphuret of potash, antimony, ipecac., and a hundred other articles, are extolled by some as cures, while others can find no relief whatever from their use. This difference of opinion, with regard to the effect of these various remedial articles in this disease, probably results from prescribing them to a patient at different stages of the paroxysm. One practitioner gives some remedial article a short time before expectoration takes place, which relieves the patient. He, therefore, ascribes the beneficial effects to the article last given. Another gives the same article at the commencement of the fit. He, therefore, says no good effects result from it; and of course condemns it as useless, when, perhaps, it had as much effect in the one, as in the other case.

All these multifarious forms of treatment would lead us to suspect that the pathology of asthma is seldom very strictly attended to by the practising physician. It would seem that when he is called to a case of the kind, like the person that is suddenly called upon to extinguish a flame, he makes use of the means the nearest at hand, till at last the combustion is overcome, or goes out of itself, while the means that have been the most used get the credit of extinguishing it.

But my object is to inquire into the causes of that asthma which is dependent on nervous influences. With regard to all other kinds, I would merely remark, that the only rational mode of treatment, where the system is plethoric, is by depletion. It matters little whether dyspnoea is caused by inflammation of the bronchi, by a loaded and deranged state of the digestive organs, by emphysema of the lungs, by disease of the heart, or by any other morbid state of the system; if the system is plethoric and oppressed, our grand object is to take off the burden from the moving powers, to remove the obstruction from before the clogged wheels of life, and give the *vis a tergo* a chance to act. And this must be done by the lancet.

But to come to the subject of inquiry. I am convinced that nervous influences, mental emotions, care, grief, anxiety, hard study, &c., will as certainly produce a fit of the asthma, in those who are predisposed to it, as a fit of dyspepsia in those of delicate digestive organs. This is frequently the only way that paroxysms of asthma in men of sedentary habits and literary occupations can be rationally accounted for. And I have generally observed that clergymen and physicians, who are troubled with this disease, have uniformly been attacked with their most severe fits soon after having made some great mental effort, or labored under some deep anxiety. And why should not mental emotions have as great an effect over the respiratory, as over the digestive organs? A sudden alarm destroys the appetite, fear and anxiety stop digestion, and long-continued severe mental efforts debilitate the organs of nutrition, and render them incapable of performing their functions. If, then, mental emotions have so great an effect upon the digestive organs, they must, of course, have equal control over the respiratory organs. And why should they not? The lungs are supplied by the same nerves as is the stomach; and they at least have as close a connection with the brain as does the latter organ. Therefore the mental influences which injure the stomach will have the same effect on the organs of respiration.

Under almost all mental emotions of the graver kind, the respiration, if it is not rendered slower (and that it is rendered slower, I am very positive), certainly becomes less deep. The circulation is accelerated, and thereby a disproportion is established between the frequency of the circulation and the respiration. The secretion from the mucous membrane of the lungs is increased, and the exhalation from the same is lessened; the lungs, of course, become, in a greater or less degree, congested, and difficulty of breathing is the consequence. To illustrate my meaning, let us take a case; an orator, for instance, who has been occasionally somewhat affected with asthma. He is called upon to make some vigorous effort in public. He gives himself up to laborious composition, to prepare for the occasion. He burns out, in mental labor, that part of the vital principle which would have otherwise been expended in supporting the operations of the digestive and respiratory organs. The lungs are not properly expanded; and a disproportion is established between the frequency of the respiration and the circulation. Anxiety increases this disproportion. He makes an effort before a public audience, during which his lungs become still more congested,

and in a short time afterwards he is attacked by a paroxysm of dyspnœa, more or less severe.

Paroxysms of asthma from mental causes happen, perhaps, more often in physicians than in any other class of people. The son of *Æsculapius* was originally condemned to lead a life of care, fear and anxiety. How often, in the course of his practice, does he meet with cases that call for the exertion of all his mental powers; and whilst his nervous power is being expended by intense thought, anxiety adds fuel to the fire. His lungs are not expanded, and the nervous fluid which ought to be expended on them, is diverted into another channel; and, if he is predisposed to asthma, it is after some difficult case in his profession, that his most severe fit comes on. It is on this account, that the medical profession is of all occupations the very worst in which a man can engage who is subject to this disease. He must either leave it or lead a most wretched life. It is not the exposure to the vicissitudes of the climate that makes this profession so difficult to be followed by those who are subject to asthma; but it is the rack of thought, and the anxieties inseparable from this class of the community.

I may here be asked what is the remedial treatment of asthma dependent upon mental causes. I would then say that the physician, in such cases, must be such a one as can "minister to the mind diseased." He must be such a physician as can teach his patient self-command—can teach him to meet any or all the troubles and perplexities of this world without suffering the balance wheel of his mind to be disturbed. When the patient can do this—when he can be calm, collected and undisturbed under all the cares, troubles, doubts and anxieties of life, he may as well, although predisposed to asthma, follow the life of a physician or a clergyman, as that of a hermit. But if he cannot gain this command over himself, let him give up a mode of life in which there are ten thousand difficulties to beset him, and seek to enjoy himself in some other that is more congenial to his physical organization.

There are, however, some remedies of essential service in this variety of asthma; and among the first of these is to be ranked opium. This is, perhaps, the best possible remedy we can use in asthma dependent on mental causes, such as I have already enumerated. It often acts like a charm. A full dose will frequently restore, in a short time, the balance of nervous power between the lungs and brain, and relieve the difficulty of breathing. It causes a rush of nervous fluid to be given out by the brain, whereby the chest is dilated and the lungs expanded. I have often experienced the happy effects of this remedy in my own person. I have frequently retired at night with so great an oppression of the lungs, that it was with the greatest difficulty I could get my breath; but after taking a full dose of laudanum, I have had a good night's sleep, and awaked in the morning without a vestige of the difficulty of the preceding night.

There is another remedy in this variety of asthma, which may sometimes be found of the utmost importance; and this is galvanism. This remedy was first recommended by Dr. Wilson Philip, and is applied by placing one plate of zinc on the back of the neck, and another on the epigastrium, and passing the current diagonally through the chest. This

remedy always relieves this species of asthma, and it confirms the idea that it is dependent on a want of nervous power in the lungs. But I am growing prolix.

Gray, *Me.*, August, 1839.

### FACTITIOUS DRINK.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

**REFRESHMENT.**—In the dying prophecy of Jacob, an abundance of wine, as well as of milk, is evidently mentioned, as itself a blessing, or as a type of the peculiar blessings which were in reserve for the posterity of Judah. The Psalmist refers to *wine that maketh glad the heart of man*, as a subject of as much gratitude, as oil and bread. The writer of Ecclesiasticus says, *Wine is as good as life to a man, if it be drunk moderately: what is life, then, to a man that is without wine? for it was made to make men glad.* At the first dawn of the Gospel, its divine author created wine, towards the close of a feast, after men had well drunk, as the *beginning of [his] miracles.*

From these and numerous references besides, which might easily be made to various parts of the Scriptures, it strikes me that a man's mind must be strangely constructed to question the lawfulness of the use of wine, under the three dispensations of our holy religion, the Patriarchal, the Mosaic, and the Christian. I cannot, therefore, stop to dispute a moment with those who would wish to interfere with the Christian liberty of their brethren, and deprive them of wine and fermented drinks, on the ground either of religion or morals. They are not only wise above what is written, but in opposition to what is written. If argued with at all, they must be treated upon the principles by which we would attempt the recovery of enthusiasts, bigots, fanatics, and other monomaniacs. They are insusceptible to a process of reasoning which is adapted to sound minds. Individuals have the same moral right to use fermented liquors, as they have to use money, credit, commerce, the printing press, or any other improvement of civilization, the casual abuses and contingent evils being no more of an argument in favor of prohibiting them, in one case than the other.

The expediency of continuing the use of these factitious drinks is quite another question, and is a matter worthy of the most accurate investigation. The following extracts from Parr very accurately describe the operation of wine, when it is employed as a refreshment, analeptic, or restorative.

"Wine is highly grateful to the palate and stomach, giving an immediate and agreeable warmth to the whole system, and its peculiar and pleasing stimulus is felt, even at first, in the mouth. It completely answers the idea formed of an analeptic, as it appears immediately restorative. When we pursue its effects further, we find the strength and spirits renewed; the perspiration and other secretions, which may have languished from fatigue, restored; the thoughts follow each other with more freedom, and every motion is carried on with ease and

comfort. If we examine this series of symptoms with a marked attention, we shall at once perceive the combination of a stimulant with a sedative power; in other words, an indirect stimulus. The freedom, the serenity rising to hilarity, point out the narcotic influence, and show that wine cannot be considered as strictly and properly a stimulant" [alone]. After noticing the symptoms from its excess, he proceeds.

"Wine, however, in moderation is, like tea, salutary, and its noxious portion is guarded by the extractive matter, perhaps the acid, from being, in general, injurious. In this it differs from ardent spirits, which not only want this sheathing, protecting ingredient, but seem to acquire additional deleterious properties from fire, particularly by the evolution of an acrid, often an empyreumatic, oily principle."

The following remarks probably point out the limits of its use with as much exactness as the subject admits.

"The good effects of wine are shown by the cheerfulness and hilarity which it excites, by a free perspiration, the mouth not hot or dry; the intellectual functions free and well connected, without rapidity or irregularity. If the quantity is not in excess, the sleep is easy, sound, and undisturbed; the morning not clouded by headache, the mouth not dry, and every occupation, mental or corporeal, resumed with freedom and alacrity."\*

Such are the principal effects of wine, when used, as every blessing should be, without abusing it. The same effects, in a greater or less degree, belong to most fermented liquors. The exhaustion of people in health, occasioned from exertion of body or mind, or most other causes, by a proper use of these drinks is usually more speedily removed, than in any other way. If the fatigue has been excessive, by these means the system is often more refreshed within half an hour, than it would spontaneously restore itself within a day, so that it may apply itself again to its occupation with renewed vigor. It besides calms any irritation of the nervous system, producing what Parr calls a sedative effect. Others term this operation *nervine*. Wine is not properly a narcotic, when it is employed in proper quantities. It is this happy combination of its exciting and nervine principles, that makes wine the best cordial ever invented, elevating the system when depressed, and soothing it when irritated, and effecting both objects at once. Its great advantage is, that it removes languor and fatigue, and produces that calm, placid state, which is emphatically termed, in our language, *comfort*. Every one knows the comfort which a laboring man takes, by refreshing himself after his toil by a draught of cider or beer, as well as the comfort which a traveller enjoys over his glass of wine or porter, and the nervine effect of his cigar.

[It may not be amiss to state, that it is for this nervine effect, this calm, placid state, rather than any positive excitement, that tobacco is employed. It is incapable of effecting the excitement of intoxication, and never is employed, unless literally as a medicine, for its narcotic properties. As it is generally used, it is almost a pure nervine.]

\* Dr. Parr appears to have been a strict temperance, but not total abstinence, man. It is not here necessary, however, to quote what he says of the excess or abuse of wine, or of its real utility being lessened or destroyed by its free use, since there is no controversy upon those points.



Temperate people never use habitually fermented liquors, as a stimulus for producing high excitement on the one hand, or a narcotic effect on the other. In vulgar language, they do not take them in such quantities as to have them get into the head. They employ them principally as condiments for food, fruits, and other things of the kind, or as nervines to afford them speedy refreshment. Their diluent effects, as well as those of tea and coffee, are rather incidental.—By the way, tea and coffee are both nervines, and tea may be so strong as to be a narcotic, though this operation is not usually perceptible. Coffee is not, probably, narcotic at all.—This refreshing, restorative, or nervine operation of fermented drink, as used by the temperate, only brings the system up speedily to its level, but never exhausts it by producing, what Brown calls, indirect debility. This point seems to be entirely misunderstood, and shockingly misstated by the advocates of abstinence. They infer, because one or two bottles of wine drank at a sitting derange the system, and cause indisposition the succeeding day, that a single glass produces a similar effect, though in a less degree. This is not true. As well might we say, a moderate meal deranges a healthy stomach, since a gormandizer is liable to be oppressed because he devours food enough at one time to satisfy three or four ordinary men.

The truth is, a speedy restoration after fatigue of body and mind, usually prevents much of the premature wear and tear of the constitution, which is liable to follow a slow, and often imperfect, process of self-restoration, proceeding from mere food and rest. The clergyman, who has preached three sermons on Sunday, if he refreshes himself with a glass of cider, wine or porter, and perhaps with his pipe, will be much less liable to feel the next morning *Mondayish*—to use an expression attributed to Dr. Chalmers—than his ultra-abstinence brother, who has performed the same labor. The same will apply to the lawyer, who has made a plea of several hours in length, and also to the laborer, who has worked at haying or harvesting.

It is true, these refreshing, restorative, analeptic, nervine drinks, would never be needed, if there were never any excessive exertion, that produced sudden and factitious exhaustion. A great number of people, therefore, take little or no drink, except what they use at their meals, as diluents or condiments. But this is not the case with the more active part of mankind. Such is the state of civilized and artificial society, that these daily do actually exert some of their organs, faculties, or the whole system, to excess, so as to exhaust or diminish suddenly their strength. This is an artificial condition, which evidently requires an artificial remedy or restorative.

It has been before observed, it is the most striking part of man's nature, that he should be artificial. In this artificial state in which we are placed, it is impossible for a large body of mankind, and particularly for professional men, to fulfil their engagements, and do their duty, unless they frequently, and often habitually, overdo their strength, by untimely or excessive labor. How are we to meet this wear and tear? The physician can neither take his meals nor his rest regularly, and yet has to labor excessively during a severe and extensive epidemic. This is also the case



of the sailor in a storm at sea, and of the soldier in an active campaign. It is the same in perhaps all the great and arduous undertakings of civilized life. Are these exhausting efforts all wrong? If not, has not Providence pointed out some way in which their debilitating effects upon the actors, in a good degree, may be palliated or prevented? Many cite the Irish, who are a robust set of men, that consider potatoes and milk among their greatest luxuries. But it is well known that Ireland is subject to more wasting epidemics than any other part of the British dominions in Europe. Besides, the Irish, at home, are not a hard laboring people. From a dense population, which makes it difficult to find employment, they probably spend more idle days than any other peasantry in Europe. When they come to America, they are supported under their labor by all the fulness our country affords. Here, indeed, they often suffer by the sudden transition from a fast to a feast, and many are strongly tempted to abuse the good things to which they have such sudden and easy access. No argument in favor of ultraism, therefore, is to be drawn from the condition of the Irish, whether at home or abroad.

SENEX.

*August, 1839.*

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#### A NEW PHRENOLOGICAL FACULTY.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 34.]

Those persons who have communicativeness large, in combination with large love of approbation, less self-esteem and firmness, find it difficult to keep a secret, even though secretiveness be well developed. Such individuals take a pleasure in mystery and concealment just so far as they are compatible with the gratification of their communicativeness; they are finely painted in La Fontaine's fable of, "*Les Femmes et le Secret.*"

"Rien ne pese tant qu'un secret :  
Le porter loin est difficile aux dames ;  
Et je sçai même sur ce fait  
Bon nombre d'hommes qui sont femmes," &c.

It is an old remark that the impertinently inquisitive are always great talkers :

"Percontatorem fugito : nam garrulus idem est :  
Nec retinent patulum commissa fideliter aures."—HORACE.

The fact is easily explained, for inquisitiveness is but a mode of manifestation of communicativeness, and the frame of mind which predisposes to the one, predisposes to the other. The various mental faculties being active, desire gratification; if that gratification is to be obtained by appealing to other minds, they stimulate communicativeness to make known that desire, and a feeble stimulus is sufficient to excite a naturally active organ. The impertinently inquisitive being in general shallow-minded people, and fond of talking, find it easier and more to their taste to seek information by asking questions, than by reading, observation or reflection. Give such a person two facts which plainly imply a third, and

instead of arriving at it by reflection, he will ask a question. The love of talking naturally leads to inquisitiveness, for the loquacious constantly feel the necessity of having something to talk about.

Communicativeness prompts us to address strangers and to form acquaintance, and it is observed that women become acquainted with one another much more easily than men, and that they learn the conversational part of a language quicker. Taciturn people seldom form an extensive acquaintance, unless obliged to do so by their condition in society, or by business considerations. On the other hand, those persons who have communicativeness large and adhesiveness small, often have a very extensive acquaintance without becoming much attached to any one.

In our experimental observations we must be careful not to attribute solely to communicativeness those manifestations which depend on its combined action with adhesiveness, benevolence, &c. An individual who is habitually silent, may take little pleasure in concealment, and be very willing to confide in his friends, and to communicate knowledge from motives of benevolence. The loquacious man, though he tells everything he knows, and frequently more, gets no credit for it, and has no confidants. On the other hand, we must distinguish between that taciturnity which depends on general inactivity of the brain; the habitual occupation of the mind by subjects which cannot be made the topic of common conversation, as the mathematics, abstruse metaphysical questions, &c., and that which depends on a small organ of communicativeness, which may be aptly compared to that passive continence which results from a feeble development of the cerebellum. To escape the various sources of error, it will at first be safest to avoid drawing any conclusions except in marked cases, and even then the modifying influence of the other faculties should always be taken into consideration. The general phrenological development, and the active temperament of the French, cause them to be much more talkative than they would be were their temperament less active and the faculties which excite communicativeness relatively weaker, and those which restrain it more energetic.

Communicativeness is generally quite active and unrestrained in children; hence their talkativeness, and the charming freshness and naïveté of many of their remarks. A little urchin, on being reprimanded by his mother for his loquacity, replied, "Mother, I can't help it; the words keep a coming into my throat, and when I open my mouth they run out."

If such a faculty as communicativeness exists, its organ must be in the situation I have described. It is evidently a propensity, and its natural language serves to show that its organ is in the posterior part of the head. When this faculty is predominantly active, the cranium is thrown backward and the chin advanced. A person who has been waiting for, and is anxious to seize on an opportunity to speak, instinctively makes this gesture. The motion of the head and the expression of the countenance are so peculiar, that when they have once been noticed, it is very easy to recognize them. The natural language of

communicativeness is very well shown in a print called "Too late for the coach." We see a man, his wife and child, and a servant, approaching a gate to meet the coach; but they are too late, as it has already passed. The heads of the man, wife and child are in the communicative posture; the man is swinging an umbrella over his head; and the child, on tip-toe, has his arms stretched out to attract the notice of the coachman; they are evidently very anxious to communicate to him their desire that he should stop.

There is clearly some relationship between communicativeness and concentrativeness. To write or converse in a connected manner on any subject, we are obliged to hold it steadily before the mind, in order that a certain train of thoughts or feelings may be awakened and clothed in words. Now to do this, and continue the effort for hours, as many orators do, some such power as concentrativeness is absolutely necessary, and every one who can think and speak connectedly must possess it in some degree. Without such a power, there could be no connected and logical discourse. Subjects the most heterogeneous would be brought together and spoken of in the same sentence, and nothing can be more irksome than to be obliged to listen to a man who utters every idle thought, and runs from subject to subject, between which there is not the slightest connection.

At present concentrativeness seems to stand alone; its relationship to the neighboring faculties is not very apparent, and on this account many persons find it difficult to conceive that such a faculty exists, or why it should be placed among the propensities. I think that one of its principal uses is to assist communicativeness, and enable us to give forth our ideas in a connected form. To speak connectedly we must think connectedly, and without concentrativeness this would be impossible.

By concentrativeness a connection is established between the powers of the same mind, and by communicativeness between those of different minds. Communicativeness prompts us to make known our thoughts, whether they be good or bad, profitable or useless, interesting or disagreeable; but what is uninteresting to one person, may possess the greatest interest for another, and what is useless to-day may be of the greatest utility to-morrow; it consequently leads to the communication of a great deal of knowledge, which from not possessing any immediate interest or utility, would be lost did no such faculty exist. It is also to this faculty that we owe the invention of language. Nature gives us thoughts and feelings, and by this faculty bids us communicate them; she thus teaches us language in much the same manner that some swimming masters teach their pupils to swim; they throw them into deep water, and bid them take care of themselves. Many theories on the origin of spoken language have been invented by metaphysical writers; but if such a faculty as communicativeness exists, it is evident that any theory which does not recognize its influence and allow it due importance as an innate fundamental power of the mind, must be defective; and this, as far as I know, has never been done. It is probable that articulate sounds were first uttered involuntarily, then from imitation, and

afterwards came to be used for the conveyance of ideas at the instigation of communicativeness gradually enlightened by experience and reflection.

Since adopting my present opinions with regard to the function of the new organ, I have learnt that the question whether there be such a faculty as communicativeness has been proposed by Dr. Elliotson, of London. The only knowledge that I have of his opinions is derived from the following notice in the London Phrenological Journal for June, 1838. The editor, on speaking of the contents of the "Naturalist," informs us that there is in No. 18, "A paragraph on the question whether the tendency to communicate ideas (gossip, &c.) is a distinct faculty of the mind; a question started by Dr. Elliotson in the recent edition of his Physiology. The editor of the Naturalist pronounces in favor of the existence of such a faculty, and suggests the likelihood of its organ being near that of language. We wait for facts; but incline to decide against the existence of any such special organ and faculty for this purpose."—Page 328. As I have not seen the edition of Dr. Elliotson's work referred to, nor the Naturalist, I am unable to say what arguments or proofs they make use of. That there is an organ\* situated between adhesiveness and love of approbation, I have no doubt, and several marked cases that I have seen induce me to believe that the function I have ascribed to it is the true one.

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COMMUNICATIVENESS.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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### HARVARD UNIVERSITY.

BEFORE many weeks, the lecture term of the Medical College, in Boston, connected with Harvard University, will commence. Those who have been educated there certainly know how to estimate its elevated course of medical instruction. It seems hardly necessary to recommend the advantages to be derived from a regular attendance at the Massachusetts General Hospital, the Eye and Ear Infirmary, and other charities, which are freely thrown open to students while the lectures continue—and which are not surpassed in the Union. While other schools have undergone changes, sometimes for the better, and sometimes for the worse, the Boston Medical College has remained unaffected and uninfluenced by those commotions which have at times characterized the condition of others. A leading object has always been to prepare those who place themselves under its guidance, to discharge the duties and high responsibilities of professional life, with satisfaction to themselves and the public. It is scarcely possible, after having been graduated with the full approbation of the faculty of this institution, not to be well prepared for the practice of medicine and surgery. To the lasting credit of the Commonwealth,

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\* Mr. Combe, in reply to a letter giving an account of the new organ and its supposed function, remarks, "I have seen the region you describe sometimes so deficient as to lead me to suspect that it might be a separate organ."

owing to the vigilance in the system of medical education, and to the influence of the Medical Society, conjointly, the number of those who are not competent is very limited, and the prospect for the future is continually becoming brighter and brighter.

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*Utero-abdominal Supporter.*—Dr. Haynes, of Concord, N. H., has invented a beautiful instrument which he says has been well received in that part of the country, and considered superior to others in use. One of its principal advantages is its elasticity—allowing the utmost freedom of the body, without giving the sensation of restraint, or producing irritation. It also gives a lateral pressure—a desirable circumstance in many cases, which no previous mechanical contrivance has accomplished. Another point of considerable consequence has been gained in the construction of this supporter, of no small consequence to those who are obliged to resort to art for relief, viz., the ease with which it may be fitted on by the patient, without any instruction. We can bear testimony to the beauty of the workmanship, but cannot at once decide upon its positive value without making a trial of it, or obtaining the opinion of some competent person who has the opportunity of comparing it with others. It is pretty certain that Dr. Haynes would not speak with such confidence of the merits of the new supporter, if he were not sure of having achieved a decided improvement. A number of them should be placed at once in the hospitals, and at the disposal of practitioners in this metropolis, with a view of ascertaining their true value. We shall be glad to learn the result of any trials that may be made.

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*Yellow Fever.*—In a letter recently received from an eminent practitioner of New Orleans, the writer says, "It is very early for the yellow fever to make its appearance, and it is impossible to predict its extent; it commences in unusual weather—rain almost daily, since July 1st—the winds easterly, southeast and westerly. Usually, the reverse takes place as respects the weather, but more of this hereafter."

However contradictory the accounts may be in the papers, full reliance may be placed in the assertion of our correspondent, that the fearful disease, the yellow fever, does exist there to an extent and of a character to excite the apprehensions of one who is familiar with that scourge of New Orleans. It is noticeable that nine deaths occurred at the Charity Hospital on the 3d inst.

At Charleston, S. C., the yellow fever also prevails. Notwithstanding the mild name which policy has given it—the *stranger's fever*—it by no means lessens the mortality of a pestilence that seems to hover over New Orleans and Charleston, from year to year, in a way to alarm those whose traffic on the deep obliges them to enter those ill-fated ports. Whether there is always a local cause in existence in those cities, which no art can remove, remains to be ascertained. It is a subject that should engage the serious consideration of the philanthropist, as well as the members of the medical profession.

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*Jefferson Medical College.*—Dr. Geo. McClellan and Dr. Colhoun, the first well known as a talented professor of surgery, and the latter distinguished in the chair of materia medica and pharmacy, have left the insti-

tution. The why and wherefore is quite unknown in this part of the country, and a multitude of students, who have uniformly felt a deep interest in whatever concerns a school which has so suddenly grown up with a giant strength, wait with impatience to know the particulars.

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*Human Physiology.*—A second edition of Dr. Lee's popular treatise for the use of elementary schools, stereotyped, is acknowledged. Some severe remarks were made upon parts of it by one of our professional neighbors, the other day, which we have not yet had an opportunity of examining, but understand that liberal extracts are made from a similar work by Dr. Hayward, without intimating the source from whence they were taken. It may have been unintentional, or the printer's fault; however, a further notice must necessarily be deferred to a future day.

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*Intermarriage.*—Mr. Walker's work—"The mode in which, and the causes why, beauty, health and intellect result from certain unions, and deformity, disease and insanity from others," &c. &c., with numerous plates—a beautiful edition, from the press of J. & H. G. Langley, New York—has been received through Messrs. Weeks, Jordan & Co., of this city. We are at a loss to know what to say of it, and therefore, at present, conceive it will be best to say nothing.

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*American Asylum for the Deaf and Dumb.*—The number of pupils in the institution within the year ending May 11, 1839, was 156—of which 23 were supported by their friends, 19 by Maine, 15 by New Hampshire, 20 by Vermont, 46 by Massachusetts, 14 by Connecticut, 4 by South Carolina, 13 by Georgia, and 2 by the Asylum. But one death has taken place in the asylum during the year. The number of former pupils now known to live in the marriage relation is *seventy-eight*; and the directors say, "we are happy in the belief, that with few exceptions, they are as prosperous and happy, as most other people in the same ranks of life."

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*Medical Miscellany.*—Dr. Ryan, author of a work on marriage, has lately issued another on Prostitution in London. The British and Foreign Medical Review says of it—"It is a wretched compilation, almost as low in its literary qualities as it is loathsome in its spirit and details. We thought it impossible that anything could go beyond the work 'On Marriage;' but the volume before us has shown that even 'in the lowest deep a lower deep' of obscenity and filth remained to be explored." The work on marriage, above referred to, is highly recommended in the last annual report of the American Physiological Society.—A captain, lieutenant, and twelve soldiers are stated to have died at St. Augustine, in consequence of using water from a well into which had been thrown, with a villainous intention, a keg of white lead. Col. Davenport and three surgeons are said to be dangerously ill, from the same cause.—The soldiers suffer greatly in Florida from the climate, and many die.—In the course of a few months Dr. Curtis, the aurist, will be here. He will find that institutions similar to his own, in most of the cities in the United States, manage diseases of the ear quite as successfully as they are treated in the Royal Dispensary of London.—There are fifty-seven persons now

living in the island of Nantucket, who are over four score years old; males, 21—females, 36.—Dr. Horace Green, of New York, has been appointed professor of Theory and Practice in the Vermont Academy of Medicine. He is said to possess excellent qualifications.—In a letter from Dr. Eve, now in Europe, published in the Southern Medical and Surgical Journal, he says that the climate of Paris has proved very fatal to American medical students. Six died during the winter of 1837–8, and three have died since the 1st of January last.—Dr. Mott, of New York, who, with his wife and nine children, has been several years residing in Paris, expects to return to New York in a year or two. He left home on account of an affection of the heart, but his health is now quite re-established.—The Parisian surgeons do not believe in Dr. Mott's statements to them respecting the success in amputations by American surgeons, on account of those statements being far more favorable than the published statistics of Dr. Norris, one of the surgeons of the Pennsylvania Hospital.

**TO CORRESPONDENTS.**—A communication from the President of the Albany Medical College has been received, but too late for further notice this week.—Other papers are crowded out this week.

Whole number of deaths in Boston for the week ending August 24, 31. Males, 17—females, 14.  
Of consumption, 1—cholera infantum, 3—canker, 1—scarlet fever, 4—lung fever, 1—inflammation of the bowels, 2—hooping cough, 2—dysentery, 1—old age, 1—delirium tremens, 1—paint poison, 1—marasmus, 1—infantile, 3—diarrhea, 1—intemperance, 2—typhous fever, 1—bowel complaint, 1—quinsy, 1—worm fever, 1—cancerous tumor, 1—stillborn, 4.

### THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

The perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical* cure may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary.

**References.**—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

### COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

The Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.

THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDBLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

JOHN FREDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

Washington City, Aug. 4th, 1839. J. F. MAY, M.D., Dean of the Faculty.

Aug 14—31

### GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the last Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by

Obstetrics and Materia Medica, by

Anatomy and Physiology, by

Surgery, by

Chemistry, by

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

T. SPENCER, M.D., Geneva.

C. B. COVENTRY, M.D., Utica.

JAMES WEBSTER, M.D., Rochester.

D. L. RODGER, M.D., Geneva.

WILLIAM USHER, M.D.

THOMAS SPENCER, M.D., Registrar.

Geneva, July 16, 1839.

C. B. COVENTRY, M.D., Dean.

Jy 31—10

### NEW MEDICAL BOOK.

DISEASES OF THE UTERUS; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. PAILLON, M.D. Translated from the French by G. Henry Lodge, M.D.

See notice of this work in Medical and Surgical Journal July 24.  
It is handsomely printed in 8vo., 400 pages, and price only \$1.75. Published by William D. Ticknor, corner of Washington and School streets, Boston. Aug 7—



## ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.

EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Professor of Anatomy.

DAVID M. McLACHLAN, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics.

THOMAS HUR, M.D., Professor of the Institutes of Medicine.

ASBON DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, Registrar.

Albany, July, 1839.

Jy 17—10

## UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by

JOHN AUGUSTINE SMITH, M.D.

Theory and Practice of Physic, by

JOSEPH M. SMITH, M.D.

Materia Medica and Medical Jurisprudence, by

JOHN B. BECK, M.D.

Chemistry and Botany, by

JOHN TORREY, M.D.

Special and General Anatomy, by

ROBERT WATTS, JR., M.D.

Surgery and Surgical and Pathological Anatomy, by

WILLARD PARKER, M.D.

Obstetrics, by

JAMES R. MANLEY, M.D.

Fee for the whole course, \$108.

J. AUGUSTINE SMITH, M.D., President.

New York, July 24, 1839.

NICOLL H. DERING, M.D., Registrar.

Jy 31—ept015

## JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.

2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.

3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.

4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.

5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.

6. ROBERT M. HUNTON, M.D., Professor of Materia Medica and Pharmacy.

7. JOSEPH PANCOST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—4N1

JOHN REVERE, M.D., Dean of the Faculty.

## PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,  
WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.,  
WINSLOW LEWIS, JR.

Oct. 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to which all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$2.00 a year in advance, \$2.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.